## **3EST AVAILABLE COPY** Application or Docket Number

7 I A IAA - D	FILED - PAR	TI		SMAL	LENT	ITY		OTHER 1	
CLAINS AC	(Column 1)	(Colum	n 2)	TYPE			OR_	SMALL E	
OTAL CLAIMS	22			RAT		FEE		RATE	FEE
OR .	NUMBER FILED	NUMBE	NUMBER EXTRA		FEE 3	355.00	ORB	ASIC FEE	710.00
OTAL CHARGEABLE CLAIMS	22 minus 2	0= . 9		X\$	9=	44	OR	X\$18=	36,
DEPENDENT CLAIMS	3 minus 3	3 = (		X44	) <del>-</del>		OR	X80=	
ULTIPLE DEPENDENT CLAIM P	RESENT			+13	5=		OR	+270=	
If the difference in column 1 is	less than zero, e	enter "0" in co	olumn 2	TO	[AL	V	OR	TOTAL	746.
	AMENDED - P				- 		<b></b>	OTHER SMALL	
(Column 1)	(0	Column 2)	(Column 3)	SM.	ALL E	NTITY	OR 1	SMALL	ADDI-
CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	TIONAL
AFTER AMENDMENT  Total - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2		22	= Q	XS	9=		OR	X\$18= -	
Independent - 3	Minus •	<u>み</u>	= (1)	X	10=		OR	X80=	
FIRST PRESENTATION OF	MULTIPLE DEPEN	IDENT <b>CLAIM</b>		+1	35=		OR	+270=	
					TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 2)	(Column 3)	ADDI	T. FEE				
(Column 1 CLAIMS	7 5	HIGHEST		1 —			7		1.501
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(200)	7	PREVIOU <b>SLY</b>	EXTRA			TIONAL	OR	X\$18=	TIONA
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